



Complete Summary

TITLE

Palliative care: the practice has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed.

SOURCE(S)

British Medical Association (BMA). Quality and outcomes framework guidance. London (UK): British Medical Association (BMA); 2006. 132 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Structure

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess whether a practice has regular multidisciplinary case review meetings (at least 3 monthly) where all patients on the palliative care register are discussed.

RATIONALE

Primary palliative care is an area that is growing in significance and importance. Having made progress mainly in the area of cancer care, there is a developing impetus to improve end of life care (i.e., supportive care in the final year or so of life), for all patients with an end-stage illness, in the light of the changing demographic population profile.

There has been a recent National Cancer Research Institute (NCRI) strategic and there is considerable investment in this field which will produce further evidence over the coming years. In addition, the 'Gold Standards Framework' (GSF), a

widely implemented programme of care for palliative care patients, is now associated with a considerable degree of research and evaluation and is key to thinking through and implementing high quality patient centred care at the end of life for patients with both cancer and non cancer diagnoses. Its use is recommended in the NICE Guidance on Supportive and Palliative care (2004), by the Coronary Heart Disease Collaborative and in the NSF for renal services and also referred to in the NSFs for Long Term Conditions and Care of the Elderly.

It is important to remember that of the 530,000 deaths per annum in England, 25% of people die from cancer, 19% die from heart disease and 14% from respiratory disease. From an individual general practitioner (GP) perspective, you can expect approximately 20 deaths a year, of which 5 will be from cancer, 7 from organ failure, 1-2 will be sudden death and 6-7 from dementia, frailty and multiple co-morbidity.

The prognostication of likely disease progression is very difficult for both cancer and non cancer patients. Clinical prediction of survival is not an exact science with errors (defined as more than double as or less than half of actual survival), 30% of the time. Two thirds of errors are based on over optimism and one third on over pessimism.

However, there are considerable benefits in attempting to recognise the point at which an illness becomes advanced or end stage in order to mobilise best care for patients, and address the likely health and social care needs of patients and their families.

The disparity between preference for place of death and actual place of death is currently a matter of concern, with about 60% of patients dying in hospital despite over 60% preferring to die at home. With more proactive care in the community, more patients could be enabled to live well in their final months, and die where they choose. The General Practitioner's (GP) role is essential in this area, maintaining continuity of relationship during gradual deterioration of the patient's condition, and delivering coordinated community care wherever the patient finally dies.

Therefore, identifying patients in the advanced stage of their illness in need of palliative/supportive care, assessing their needs and preferences and proactively planning their care, are three key steps in the provision of good end of life/primary palliative care. This is why this indicator set, consisting of two Palliative Care measures, is focused on the maintenance of a register for patients, identified against certain criteria of prognosis and need, and on regular multidisciplinary planning meetings.

The aims of the case review meetings are to:

Improve the flow of information (particularly out of hours and between different teams)

- Ensure that each patient has a management plan as defined by the practice team and that decisions are acted upon by the most appropriate member of the team
- Ensure that the management plan includes preference for place of care

- Ensure that the support needs of carers are discussed and addressed wherever reasonably possible.

This measure is one of two [Palliative Care](#) measures.

PRIMARY CLINICAL COMPONENT

Palliative care/support; case review meetings

DENOMINATOR DESCRIPTION

This measure applies to practices whose patient population includes individuals who are in need of palliative care/support (one practice at a time).

NUMERATOR DESCRIPTION

The practice has regular multidisciplinary case review meetings (at least 3 monthly) where all patients on the palliative care register are discussed.

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting
Pay-for-performance

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Does not apply to this measure

TARGET POPULATION GENDER

Does not apply to this measure

STRATIFICATION BY VULNERABLE POPULATIONS

Does not apply to this measure

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

See "Rationale" field.

BURDEN OF ILLNESS

See "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Not within an IOM Care Need

IOM DOMAIN

Not within an IOM Domain

Data Collection for the Measure

CASE FINDING

Does not apply to this measure

DENOMINATOR SAMPLING FRAME

Does not apply to this measure

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

This measure applies to practices whose patient population includes individuals who are in need of palliative care/support (one practice at a time).

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

Does not apply to this measure

DENOMINATOR (INDEX) EVENT

Does not apply to this measure

DENOMINATOR TIME WINDOW

Does not apply to this measure

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The practice has regular multidisciplinary case review meetings (at least 3 monthly) where all patients on the palliative care register are discussed.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Registry data
Special or unique data

LEVEL OF DETERMINATION OF QUALITY

Does not apply to this measure

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Categorical Variable

INTERPRETATION OF SCORE

Passing score defines better quality

ALLOWANCE FOR PATIENT FACTORS

Does not apply to this measure

STANDARD OF COMPARISON

External comparison at a point in time
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

PC 2. The practice has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed.

MEASURE COLLECTION

[Quality and Outcomes Framework Indicators](#)

MEASURE SET NAME

[Palliative Care](#)

DEVELOPER

British Medical Association
National Health System (NHS) Confederation

ENDORSER

National Health Service (NHS)

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2006 Feb

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

British Medical Association (BMA). Quality and outcomes framework guidance. London (UK): British Medical Association (BMA); 2006. 132 p.

MEASURE AVAILABILITY

The individual measure, "PC 2. The practice has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed," is published in the "Quality and outcomes framework guidance." This document is available in Portable Document Format (PDF) from the [British Medical Association Web site](#).

NQMC STATUS

This NQMC summary was completed by ECRI on May 22, 2006. The information was verified by the measure developer on August 11, 2006.

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Date Modified: 9/25/2006

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